



13281 U.S. PTO

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PTO/SB/05 (08-03)  
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|   |  |                                      |                    |
|---|--|--------------------------------------|--------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> |  | <b>Attorney Docket No.</b> KPC-0311  |                    |
|   |  | <b>First Inventor</b> Shinichi Ogino |                    |
|   |  | <b>Title</b>                         | METHOD FOR COATING |
|   |  | <b>Express Mail Label No.</b>        |                    |

  

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b> MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/><small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification (Japanese) [Total Pages <b>19</b>]<br/><small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p> <p>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>2</b>]</p> <p>5. Oath or Declaration [Total Sheets <b>2</b>]<ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul></li></ul></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul></p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/><small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br/><small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p> |
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

|   |            |  |                |                 |                |
|---|------------|--|----------------|-----------------|----------------|
| <b>19. CORRESPONDENCE ADDRESS</b>                                 |            |  |                |                 |                |
| <input checked="" type="checkbox"/> Customer Number: <b>23353</b> |            | OR <input type="checkbox"/> Correspondence address below |                |                 |                |
| <b>Name</b> RADER, FISHMAN & GRAUER PLLC                          |            |  |                |                 |                |
| <b>Address</b> 1233 20th Street, N.W.<br>Suite 501                |            |  |                |                 |                |
| <b>City</b>   | Washington | <b>State</b>   | DC             | <b>Zip Code</b> | 20036          |
| <b>Country</b>  | US         | <b>Telephone</b>   | (202) 955-3750 | <b>Fax</b>      | (202) 955-3751 |

  

|                                    |   |
|------------------------------------|---|
| <b>Name (Print/Type)</b> Lee Cheng | <b>Registration No. (Attorney/Agent)</b> 40,949 |
| <b>Signature</b>                   | <b>Date</b> March 25, 2004                      |

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| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p> |  | <b>Complete if Known</b> |                       |
|---|--|--------------------------|-----------------------|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       | Not Yet Assigned      |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 770.00  |  | Filing Date              | Concurrently Herewith |
|   |  | First Named Inventor     | Shinichi Ogino        |
|   |  | Examiner Name            | Not Yet Assigned      |
|   |  | Art Unit                 | N/A                   |
|   |  | Attorney Docket No.      | KPC-0311              |

  

| METHOD OF PAYMENT (check all that apply)  | FEE CALCULATION (continued)   |                                   |                |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
|---|---|-----------------------------------|----------------|--|----------|-----------------|----------|----------|----------|----------|----------|------|-----|------|----|-------------------------------------|--|------|----|------|----|--|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|---------------------------------|--|--|--|--------------------------------|--|---------------------|--|--|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|------|-----|--------------------|--------|------|-----|------|-----|-------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--------------------|--|------|-----|------|----|------------------------|--|---------------------------------|--|--|--|--|--|---|--|--|--|--|--|--------------|----|---------|---|----------------|--------|--------------------|---|--------|---|--|--------|--------------------|--|--|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|----|------|---|------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|----|------|----|--|--|------|----|------|---|--|--|-------------------------------|--|--|--|--|--|--------------|--|----------------------------|--|-------------------|-----------|-----------------------------------|--------|-----------|--|-----------|----------------|--|--|------|----------------|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">18-0013</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Rader, Fishman &amp; Grauer PLLC</span><br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | <h3 style="margin: 0;">3. ADDITIONAL FEES</h3> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; font-size: small;">Large Entity</th> <th colspan="2" style="text-align: left; font-size: small;">Small Entity</th> <th rowspan="2" style="text-align: left;">Fee Description</th> <th rowspan="2" style="text-align: center;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6" style="padding: 5px;">Other fee (specify) _____</td></tr> <tr> <td colspan="4" style="padding: 5px;"> <b>SUBTOTAL (1)</b> (\$) 770.00         </td> <td colspan="2" style="padding: 5px;"> <b>SUBTOTAL (3)</b> (\$) _____         </td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="padding: 5px;">1. BASIC FILING FEE</th> </tr> </thead> <tbody> <tr> <th colspan="2" style="text-align: left; font-size: small;">Large Entity</th> <th colspan="2" style="text-align: left; font-size: small;">Small Entity</th> <th rowspan="2" style="text-align: left;">Fee Description</th> <th rowspan="2" style="text-align: center;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> </tr> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770.00</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="padding: 5px;"> <b>SUBTOTAL (1)</b> (\$) 770.00         </td> <td colspan="2"></td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="padding: 5px;">2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">Total Claims</td> <td style="width: 10%; text-align: center;">13</td> <td style="width: 10%;">-20** =</td> <td style="width: 10%; text-align: center;">x</td> <td style="width: 10%;">Fee from below</td> <td style="width: 10%; text-align: center;">= 0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">1</td> <td style="text-align: center;">-3** =</td> <td style="text-align: center;">x</td> <td></td> <td style="text-align: center;">= 0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th colspan="2" style="text-align: left; font-size: small;">Large Entity</th> <th colspan="2" style="text-align: left; font-size: small;">Small Entity</th> <th rowspan="2" style="text-align: left;">Fee Description</th> <th rowspan="2" style="text-align: center;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> </tr> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="padding: 5px;"> <b>SUBTOTAL (2)</b> (\$) 0.00         </td> <td colspan="2"></td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see above</p><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="padding: 5px;">SUBMITTED BY</th> <th colspan="2" style="padding: 5px;">(Complete (if applicable))</th> </tr> </thead> <tbody> <tr> <td style="width: 40%; padding: 5px;">Name (Print/Type)</td> <td style="width: 20%; padding: 5px;">Lee Cheng</td> <td style="width: 20%; padding: 5px;">Registration No. (Attorney/Agent)</td> <td style="width: 20%; padding: 5px;">40,949</td> </tr> <tr> <td style="padding: 5px;">Signature</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">Telephone</td> <td style="padding: 5px;">(202) 955-3750</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td style="padding: 5px;">Date</td> <td style="padding: 5px;">March 25, 2004</td> </tr> </tbody> </table> | Large Entity                      |                | Small Entity   |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (1)</b> (\$) 770.00 |  |  |  | <b>SUBTOTAL (3)</b> (\$) _____ |  | 1. BASIC FILING FEE |  |  |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770 | 2001 | 385 | Utility filing fee | 770.00 | 1002 | 340 | 2002 | 170 | Design filing fee |  | 1003 | 530 | 2003 | 265 | Plant filing fee |  | 1004 | 770 | 2004 | 385 | Reissue filing fee |  | 1005 | 160 | 2005 | 80 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> (\$) 770.00 |  |  |  |  |  | 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE |  |  |  |  |  | Total Claims | 13 | -20** = | x | Fee from below | = 0.00 | Independent Claims | 1 | -3** = | x |  | = 0.00 | Multiple Dependent |  |  |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  | 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  | 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent |  | 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> (\$) 0.00 |  |  |  |  |  | SUBMITTED BY |  | (Complete (if applicable)) |  | Name (Print/Type) | Lee Cheng | Registration No. (Attorney/Agent) | 40,949 | Signature |  | Telephone | (202) 955-3750 |  |  | Date | March 25, 2004 |
| Large Entity  |   | Small Entity                      |                | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| Fee Code  | Fee (\$)  | Fee Code                          | Fee (\$)       |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1051  | 130   | 2051                              | 65             | Surcharge - late filing fee or oath  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1052  | 50  | 2052                              | 25             | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1053  | 130   | 1053                              | 130            | Non-English specification  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1812  | 2,520   | 1812                              | 2,520          | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1804  | 920*  | 1804                              | 920*           | Requesting publication of SIR prior to Examiner action                     |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1805  | 1,840*  | 1805                              | 1,840*         | Requesting publication of SIR after Examiner action                        |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1251  | 110   | 2251                              | 55             | Extension for reply within first month                                     |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1252  | 420   | 2252                              | 210            | Extension for reply within second month                                    |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1253  | 950   | 2253                              | 475            | Extension for reply within third month                                     |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1254  | 1,480   | 2254                              | 740            | Extension for reply within fourth month                                    |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1255  | 2,010   | 2255                              | 1,005          | Extension for reply within fifth month                                     |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1401  | 330   | 2401                              | 165            | Notice of Appeal   |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1402  | 330   | 2402                              | 165            | Filing a brief in support of an appeal                                     |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1403  | 290   | 2403                              | 145            | Request for oral hearing   |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1451  | 1,510   | 1451                              | 1,510          | Petition to institute a public use proceeding                              |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1452  | 110   | 2452                              | 55             | Petition to revive - unavoidable   |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1453  | 1,330   | 2453                              | 665            | Petition to revive - unintentional   |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1501  | 1,330   | 2501                              | 665            | Utility issue fee (or reissue)   |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1502  | 480   | 2502                              | 240            | Design issue fee   |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1503  | 640   | 2503                              | 320            | Plant issue fee  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1460  | 130   | 1460                              | 130            | Petitions to the Commissioner  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1807  | 50  | 1807                              | 50             | Processing fee under 37 CFR 1.17(q)  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1806  | 180   | 1806                              | 180            | Submission of Information Disclosure Stmt                                  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 8021  | 40  | 8021                              | 40             | Recording each patent assignment per property (times number of properties) |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1809  | 770   | 2809                              | 385            | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1810  | 770   | 2810                              | 385            | For each additional invention to be examined (37CFR 1.129(b))              |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1801  | 770   | 2801                              | 385            | Request for Continued Examination (RCE)                                    |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1802  | 900   | 1802                              | 900            | Request for expedited examination of a design application                  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| Other fee (specify) _____   |   |                                   |                |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| <b>SUBTOTAL (1)</b> (\$) 770.00   |   |                                   |                | <b>SUBTOTAL (3)</b> (\$) _____   |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1. BASIC FILING FEE   |   |                                   |                |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| Large Entity  |   | Small Entity                      |                | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| Fee Code  | Fee (\$)  | Fee Code                          | Fee (\$)       |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1001  | 770   | 2001                              | 385            | Utility filing fee   | 770.00   |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1002  | 340   | 2002                              | 170            | Design filing fee  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1003  | 530   | 2003                              | 265            | Plant filing fee   |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1004  | 770   | 2004                              | 385            | Reissue filing fee   |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1005  | 160   | 2005                              | 80             | Provisional filing fee   |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| <b>SUBTOTAL (1)</b> (\$) 770.00   |   |                                   |                |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE   |   |                                   |                |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| Total Claims  | 13  | -20** =                           | x              | Fee from below   | = 0.00   |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| Independent Claims  | 1   | -3** =                            | x              |  | = 0.00   |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| Multiple Dependent  |   |                                   |                |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| Large Entity  |   | Small Entity                      |                | Fee Description  | Fee Paid |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| Fee Code  | Fee (\$)  | Fee Code                          | Fee (\$)       |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1202  | 18  | 2202                              | 9              | Claims in excess of 20   |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1201  | 86  | 2201                              | 43             | Independent claims in excess of 3  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1203  | 290   | 2203                              | 145            | Multiple dependent claim, if not paid                                      |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1204  | 86  | 2204                              | 43             | ** Reissue independent claims over original patent                         |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| 1205  | 18  | 2205                              | 9              | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| <b>SUBTOTAL (2)</b> (\$) 0.00   |   |                                   |                |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| SUBMITTED BY  |   | (Complete (if applicable))        |                |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| Name (Print/Type)   | Lee Cheng   | Registration No. (Attorney/Agent) | 40,949         |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
| Signature   |   | Telephone                         | (202) 955-3750 |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |
|   |   | Date                              | March 25, 2004 |  |          |                 |          |          |          |          |          |      |     |      |    |                                     |  |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                 |  |  |  |                                |  |                     |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |     |      |     |                    |        |      |     |      |     |                   |  |      |     |      |     |                  |  |      |     |      |     |                    |  |      |     |      |    |                        |  |                                 |  |  |  |  |  |   |  |  |  |  |  |              |    |         |   |                |        |                    |   |        |   |  |        |                    |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |                               |  |  |  |  |  |              |  |                            |  |                   |           |                                   |        |           |  |           |                |  |  |      |                |